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PTO/SB/21 (08-00)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/456,027	
	Filing Date	Dec 3, 1999	
	First Named Inventor	Banga	
	Group Art Unit	2184	
	Examiner Name	Chu, G.	
Total Number of Pages in This Submission	87+	Attorney Docket Number	103.1027.01 Technology Center 2100

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached - PTO Form 2038 (2 copies)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form SB08A Copies of References Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

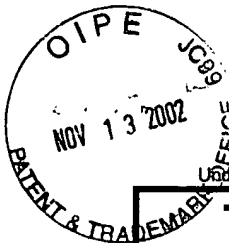
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Steven A. Swernofsky	Reg. no. 33,040
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Date	11-5-2002	

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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/456,027

Filing Date Dec 3, 1999

First Named Inventor Banga

Group Art Unit 2184

Examiner Name Chu, G.

Total Number of Pages in This Submission

11

Attorney Docket Number

103.1027.01

ENCLOSURES (check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☒ Amendment / Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

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☐ Assignment Papers (for an Application)

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Remarks

☐ After Allowance Communication to Group

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☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Steven A. Swernofsky

Reg. no. 33,040

Signature

Steven A. Swernofsky

Date

11-5-2002

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Type or printed name

Dorey Stoll

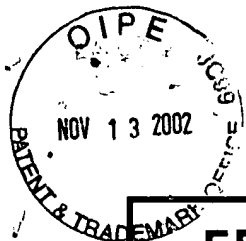
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PTO/SB/17 (11-01)

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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/456,027
		Filing Date	12/3/1999
		First Named Inventor	Banga
		Examiner Name	Chu, G.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group/Art Unit	2184
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	103.1027.01
(\$) 180.00		Technology Center 2100	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																							
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																							
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-0365 Deposit Account Name: Swernofsky Law Group																																									
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application required for this filing. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																									
FEE CALCULATION																																									
1. BASIC FILING FEE																																									
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee					
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																									
Total Claims: <input type="text"/> -20**= <input type="text"/> X <input type="text"/> = <input type="text"/> Independent Claims: <input type="text"/> -3**= <input type="text"/> X <input type="text"/> = <input type="text"/> Multiple Dependent: <input type="text"/> = <input type="text"/>																																									
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**or number previously paid, if greater; For Reissues, see below																																									
		Other fee (specify) _____																																							
		SUBTOTAL (3) (\$) 180.00																																							

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Steven A. Swernofsky	Registration No. (Attorney/Agent)	33,040
Signature		Telephone	650-947-0700
		Date	11-5-2002

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